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CONFIRMATION NO. 1579

<b>SERIAL NUMBER</b> 10/602,138	<b>FILING OR 371(c) DATE</b> 06/23/2003 <b>RULE</b>	<b>CLASS</b> 235	<b>GROUP ART UNIT</b> 2876	<b>ATTORNEY DOCKET NO.</b> 3080-5578US
<b>APPLICANTS</b> Robert Lammle, Salt Lake City, UT; <b>** CONTINUING DATA *****</b> <i>None</i> <b>** FOREIGN APPLICATIONS *****</b> <i>a1</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 09/08/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allyson J. Reid</i> <i>a1</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UT	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 24
		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 24247				
<b>TITLE</b> Method and system for providing pharmaceutical product information to a patient				
<b>FILING FEE RECEIVED</b> 411	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees	
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